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Bureau of Health Care Quality & Compliance

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		NVN116AGC		B. WING		07/22/2008		
NAME OF PROVIDER OR SUPPLIER CLASSIC PESIDENCE BY HYATT			3201 PLUM	TREET ADDRESS, CITY, STATE, ZIP CODE 1201 PLUMAS ST IENO, NV 89509				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
Y 000	This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 7/10/08 and completed on 7/22/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 34 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of		Y 000					
Y 207 SS=C	the survey was 27. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. 27 449.211(4)(b) Automatic Sprinklers-Annual			Y 207				
	The inspection tag fo	r the facility's automatic expired. The last date 07.						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 07/21/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING **NVN116AGC** 07/22/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3201 PLUMAS ST **CLASSIC RESIDENCE BY HYATT RENO. NV 89509** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 207 Y 207 Continued From page 1 Severity: 1 Scope: 3 449.217(1) Kitchens-Equipment works; Clean Y 250 SS=F and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observation, interview and record review on 7/10/08, the facility did not ensure its kitchens was properly cleaned. Findings include: Tours of the main kitchen revealed the following: 1. The bottoms of reach-in refrigerators and freezers were not clean and had food residue and hardened liquid spills on them. 2. Food preparation counter tops on the north side of the kitchen had food residue and dust accumulation along the inside covered edges. 3. Shelves above the food preparation counters

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had evidence of food residue, spice residue and dust. A broken strip of hard black plastic with hard foam on one side was laying on the shelf

4. A stainless steel storage rack was located between the dishwasher area and the food

above the ice cream freezer.

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buckets and that she did not test the chemical

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degrees. A large container of Raspberry sherbet in the freezer was soft to the touch and was melting. Other ice cream containers were firm. Temperature logs maintained by the facility documented temperatures during the day between 10-11 degrees; and 5 degrees at night.

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